

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031789

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 88

Primary Registration District No. 5329

Registrar's No. 32

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Hill Twp.		c. CITY OR TOWN Owensville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jakes Prairie Store		d. STREET ADDRESS (If outside, give location) Route 3	
3. NAME OF DECEASED (Type or print) First Jewell Middle Emerson Last Spurgeon		4. DATE OF DEATH Month August Day 31 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-8-1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	
11. BIRTHPLACE (City and state or country) Owensville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Andrew Spurgeon		13b. MOTHER'S MAIDEN NAME Harriet Brown	
14. NAME OF HUSBAND OR WIFE Ella Barnett Spurgeon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Ella Spurgeon - Owensville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Chronic Valvular Heart Disease DUE TO (c) Gallbladder Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 20-30 min. 5 yrs. 5 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Aug. 23, 1963 to Aug. 23, 1963 and last saw her/him alive on Aug. 23, 1963 Death occurred at 11 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Typed or title) E. Spencer Macouley Jr.	
22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 8-31-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-3-1963	
23c. NAME OF CEMETERY OR CREMATORY Licklider Cemetery		23d. LOCATION (City, town, or county) (State) Jakes Prairie, Mo.	
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home		25. DATE RECD. BY LOCAL REG. 9-4-1963	
26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichner			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

NOV 8 1963

Missouri

Missouri

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August 31, 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by: _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Quincy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Quincy

Quincy